| Garfield Golden Grads Donation Form For use any time during the year Scholarship/Student Assistance/Messenger | | | |
|--|---|---------------|--------------------|
| | | Current Date: | |
| | | Name | Year of Graduation |
| Women: first name, maiden name, m | Year of Graduation | | |
| Spouse/Partner Name | Year of Graduation if GHS | | |
| Mailing Address | | | |
| | StateZIP | | |
| Preferred Phone Number | | | |
| Email Address (PRINT) | @ | | |
| Fotal Amount of Check: \$ | | | |
| | PO Box 5506 Shoreline, WA 98155-096 | | |
| DONATION INFORMATION: M | website: www.garfieldgoldengrads.com/donations ay be Undesignated, or in "Memory of", or "Honor of" another person | | |
| 1. Scholarship Fund 2. Unhoused/Student Assi | stance Fund | | |
| 3. The Garfield Messenger | | | |
| 4. Undesignated In Memory of | GHS Class Year if known | | |
| | | | |
| | GHS Class Year if known | | |
| If you want GGG to notify the ho | onoree or another person of your donation, please provide: | | |
| , , , | | | |
| | | | |
| Name | | | |
| Name Mailing Address | StateZip + | | |